

OFFICE OF THE PLANNING DIRECTOR

2 Main Street, PO Box 960 Amherst, NH 03031 ctiedemann@amherstnh.gov www.amherstnh.gov Tel. (603) 673-6041 ex. 204 Fax (603) 673-4138

APPLICATION TO THE AMHERST ZONING BOARD OF ADJUSTMENT

| | Date: Recd: Case No: Owner: Address: Tel: Site Location/Street: | Applicant/Agent: Address: | | Геl: |
|--|---|---|--|---|
| Administrative Appeal: The applicant hereby requests consideration be given to a decision involving construction, interpretation or application of the terms of the Ordinance made by: | | | hat he or she m | nay: |
| General Instructions: A <i>typed</i> application must be filed in the Zoning Office, for review, no less than thirty (30) days prior to Zoning Board of Adjustment meeting, which is held every third Tuesday of each month. Included shall be ten (10) copies of the application, plans (floor and elevations), and any additional documentation for the application. All plans are to be to scale with a graphic scale shown. A plot plan of the lot, showing the existing and proposed structures, certified by a Licensed Land Surveyor, is also required. There shall be a <i>typed</i> list of abutters (including yourself and any licensed professionals noted on the plans). All listed abutters shall have three (3) sets of 1" x 2.5" <i>typed</i> gummed labels. Note: Applications <i>will not be processed</i> without the fee being paid. Fees: Application: \$ 200. All abutters are: \$ 5.50 / each. Fee calculations: Application Fee: \$ 200, \$ 5.50 x abut = \$, Total due: \$ | involving construction, interpretation or appl, Name of Administrate of decision:, Ordinance that Paragraph: In order that h | lication of the terms of the rative Agency: | ation be given to Ordinance mad eal: Article:, | o a decision de by: , Section:, |
| Fee calculations: Application Fee: \$ 200, \$ 5.50 x abut = \$, Total due: \$ Staff Comments: | General Instructions: A <u>typed</u> application than thirty (30) days prior to Zoning Board of Tuesday of each month. Included shall be to elevations), and any additional documentating graphic scale shown. A plot plan of the lot, so by a Licensed Land Surveyor, is also require There shall be a <u>typed</u> list of abutters (included). | must be filed in the Zonin of Adjustment meeting, when (10) copies of the applion for the application. All showing the existing and pred. | ng Office, for revolute is held ever ication, plans (flute) plans are to be proposed structionsed profession | riew, no less by third loor and to scale with a ures, certified |
| Staff Comments: Staff Comments: Staff Comme | Note: Applications will not be processed w | ithout the fee being paid. | | |
| Staff Comments: | Fees: Application: \$ 200. All abutters are: \$ 5.50 / each. | | | |
| I, the undersigned, hereby certify that the names listed as abutters are accurate and correct to the best of my knowledge and belief. I acknowledge that it is my responsibility to check such other sources that are available to insure that any and all persons entitled to notification receive the same, and hereby certify that I have done so. Signature of Owner: | Fee calculations: Application Fee: \$ 200, \$ 5.50 x abut = \$, Total due: \$ | | | |
| best of my knowledge and belief. I acknowledge that it is my responsibility to check such other sources that are available to insure that any and all persons entitled to notification receive the same, and hereby certify that I have done so. Signature of Owner: Date: | Staff Comments: | | | |
| | best of my knowledge and belief. I acknowle sources that are available to insure that any same, and hereby certify that I have done s | edge that it is my respons y and all persons entitled t so. | ibility to check s to notification re | such other ceive the |
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| TO THE PRINCES | ZOTATIO DOARD OF ADOCUTINENT | | | |
|---|--|--|--|--|
| Date: Case No: Owner: Tel: Site Location/Street: | Lot Number: Fee: Paid: Applicant/Agent: Address: Tel: Zoning District: | | | |
| Application Type: Equitable Waiver: The application | cant hereby requests a Waiver from the provisions In order that he or she may: | | | |
| | on of the terms of the Ordinance made by: strative Agency: subject of this appeal: Article:, Section:, she may: | | | |
| General Instructions: A <u>typed</u> application must be filed in the Zoning Office, for review, no less than thirty (30) days prior to Zoning Board of Adjustment meeting, which is held every third Tuesday of each month. Included shall be eleven (11) copies of the application, plans (floor and elevations), and any additional documentation for the application. A plot plan of the lot, showing the existing and proposed structures, certified by a Licensed Land Surveyor, is also required. All plans are to be to scale with a graphic scale shown. There shall be a <u>typed</u> list of abutters and owners, which shall also include any licensed professionals noted on the plans. All listed shall have three (3) sets of 1" x 2.5" <u>typed</u> gummed labels. | | | | |
| Note: Applications <u>will not be processed</u> without the fee being paid. | | | | |
| Fees: Application: \$ 204. All abutters are: \$ 6.00 / each. | | | | |
| Fee calculations: Application Fee: \$ 204 + \$ 6.00 x abut = Total due: \$ | | | | |
| Staff Comments: | | | | |
| | listed as abutters are accurate and correct to the that it is my responsibility to check such other all persons entitled to notification receive the | | | |
| | | | | |

Note: If not signed by owner a letter of authorization to proceed from owner is required. (v.1.1.08)